

CHAPTER OVERVIEW

This chapter will explore a form of child abuse known as Munchausen Syndrome by Proxy.

Munchausen Syndrome By Proxy

Munchausen Syndrome by Proxy is a form of child abuse in which a disorder of the child is fabricated by a parent. It is characterized by repeated fabrications of physical illness, which are usually acute, dramatic and convincing.

The term “Munchausen Syndrome by Proxy” was coined around twenty years ago and hundreds of reports have appeared since then. In most cases, a mother either claims that her child is sick, or she goes even further to actually make the child sick.

This “devoted” parent then continually presents the child for medical treatment, all the while denying any knowledge of the origin of the problem – namely herself. The parent usually wanders from hospital to hospital and doctor to doctor seeking treatment for her child.

The parent falsifies the child’s history and may injure the child to simulate a disease. Often the child is seriously ill, requires frequent hospitalizations and may even die. Since it may take many years of illness for doctors to finally arrive at the truth, it should not be surprising that this form of child abuse has a mortality rate of nine percent. Even when MSBP victims survive, they may be forced to undergo painful tests, multiple medication trials, and unneeded surgical procedures.

The web of deceit the caregiver spins can be buttressed by medical signs and symptoms that mislead the most skillful of physicians. For instance, the MSBP perpetrator might induce apnea (a cessation of breathing) by suffocating the child to the point of unconsciousness, and then frantically display her limp child to the hospital or clinic staff as tears roll down her cheeks.

In other cases, mothers have been known to secretly place a drop of blood in the child’s urine specimen, and then appear aghast at lab results that alarm the unsuspecting physicians and nurses. Behind closed doors, she may scrub the child’s skin with oven cleaner to cause a baffling blistering rash that lasts for months.

The Perpetrator

In essentially every reported case, the mothers of the children have been the perpetrators. Often these women are intelligent and educated in health care fields.

The parent is on a misguided mission to feel special or heroic. The parent uses the illness of the child to garner attention from other persons – family, friends, community, and medical professionals – as the caretaker of a tragically ill child. Often perpetrators crave a perverse relationship with doctors in which they simultaneously engage and defeat them through their carefully crafted deceptions.

The parent is tireless in seeking medical care for the child and always appears to be deeply concerned and overly protective. When the children are hospitalized their mothers usually appear especially attentive to them, frequently continuously remaining at their bedsides. The mothers tend to form close relationships with hospital personnel, often praising and reassuring them.

The Victim

The children of Munchausen Syndrome by Proxy range in age from infancy to eight years. Some of the older children appear to aid in their parent's deceptions, perhaps to protect them.

Other Family Members

Little information regarding the fathers and siblings of children with MSBP has been reported. The fathers, when in the home, generally are inconspicuous or weak, perhaps not closely involved with their children and apparently unaware of the fabrications. Some of the fathers appear to have the syndrome themselves, having illnesses observed only by their wives.

Siblings of children with this disorder frequently are adversely affected. They may, also, display Munchausen Syndrome by Proxy, suffer non-accidental injuries, or die under suspicious circumstances.

Warning signs: What to Look For

Experts say any of these warning signs may point to the possibility that Munchausen by Proxy syndrome is a factor in a child's apparent illness:

- Illness that persists in spite of traditionally effective treatments;
- The child has been to many doctors without a clear diagnosis;
- The parent (usually the mother) seems eager for the child to undergo additional tests, treatments or surgeries;
- The parent is very reluctant to have the child out of her sight;
- Another child in the same family has had an unexplained illness;
- Parent has a background in health care;
- Symptoms appear only when the parent is present.
- Symptoms that do not make medical sense;
- Persistent failure of the victim to respond to therapy;

- Mothers who have an unusually close relationship with the hospital's medical staff;
- A family history of sudden infant death syndrome;
- A parent who welcomes medical testing of the child, even if painful;
- A model family that normally would be above suspicion;
- A caregiver with a previous history of Munchausen Syndrome;
- Illness that persists in spite of traditionally effective treatments;
- The child has been to many doctors without a clear diagnosis;
- The parent (usually the mother) seems eager for the child to undergo additional tests, treatments, or surgeries;
- The parent is very reluctant to have the child out of her sight;
- Another child in the same family has had an unexplained illness;
- Parent has a background in health care;
- Symptoms appear only when the parent is present.

Profile of MSBP Perpetrators

- Are most often biological mothers of the victims, but potential offenders are often upper-class, well-educated persons;
- Remain uncharacteristically calm in view of the victim's perplexing medical symptoms;
- Welcome medical tests that are painful to the child;
- Praise medical staffs excessively;
- Appear to be very knowledgeable about the victim's illness;
- Have some medical education, either formal or through self-initiated study/experience;
- Might have a history of the same illness as the victim;
- Typically shelter victim from outside activities, such as school or play with others;
- Allow only selected persons close to their children;

- Maintain a high degree of attentiveness to the victim.

Motivational Factors

One or more of the following motivational factors might be present in MSBP cases:

- Most offenders crave the attention gleaned from hospital staffs, doctors, and family members;
- Offenders become more aggressive as time passes;
- Some offenders in theory might receive gratification as they fool the doctors;
- Some offenders may fear going home or adjusting to a normal daily routine without being the center of attention;
- A relatively minor crisis such as the fear of being left alone or of the child's being released from the hospital, could trigger an attack on a victim;
- An offender who is praised as a hero for saving a child might elect to re-create that euphoria by fabricating subsequent incidents of abuse and revival of the victim;

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MEMORANDA HISTORY: